

Biohazardous/Biomedical Waste Shipping Paper

Information Regarding Generator

Name: _____

Address: _____

City: _____ State _____ Zip _____

Name of Generator's representative from whom
shipment is accepted: _____

Generator's signature: _____

Information Regarding Carrier

Name: _____

Address: _____

City: _____ State _____ Zip _____

Driver's signature: _____

Collection Information:

Collection date: _____

	Small	Medium	Medium/Large	Large
Boxes Picked Up				
Type of Waste				
Boxes Delivered				
Sharps Delivered	Description		Quantity	

Landfill Disposal:

Signature _____ Date _____

If not landfilled, please indicate alternate method of disposal, by checking box below:

☐ Destroyed by Incineration

Or

☐ Rendered Inert by Treatment

Signature _____

Date _____

Miscellaneous Comments: